Wisconsin Department of Safety & Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR CHANGE OF TRUSTEE OF A CARE FUND OR A PRENEED TRUST FUND

PURPOSE: ***To obtain written approval from the Board before transferring a care fund or a preneed trust fund from one financial institution to another. In this form "trustee" refers to the financial institution.***

NO FEE REQUIRED

PLEASE TYPE OR PRINT IN INK

1. **NAME OF CEMETERY AUTHORITY AND/OR PRENEED SELLER** (State the name of the cemetery authority and/or preneed seller, exactly as registered with the department.

2. **ADDRESS OF PRINCIPAL OFFICE** (Number, Street, City, State, Zip Code)

3. **DAYTIME TELEPHONE NUMBER** ( ) _____

4. **COMPLETE THE FOLLOWING FOR ONE OR MORE ACCOUNTS TO BE TRANSFERRED**

a. NAME OR NUMBER OF ACCOUNT TO BE TRANSFERRED: _____

b. TYPE OF FUND: ☐ CARE FUND ☐ PRENEED TRUST FUND

c. AMOUNT IN ACCOUNT WHICH WILL BE TRANSFERRED: _____

d. MANNER OR INSTRUMENT BY WHICH THE TRANSFER IS TO BE MADE: _____

AFFIDAVIT OF FINANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED.

The undersigned, a duly authorized official of the _____
Financial Institution

at _____, _____ , _____
Street City State

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that this institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

_____ _____ _____
Signature of Officer of Institution Title Date

_____
Print Name of Officer

4. **CONTINUED**

a. NAME OR NUMBER OF ACCOUNT TO BE TRANSFERRED: _____

b. TYPE OF FUND: ☐ CARE FUND ☐ PRENEED TRUST FUND

c. AMOUNT IN ACCOUNT WHICH WILL BE TRANSFERRED: _____

d. MANNER OR INSTRUMENT BY WHICH THE TRANSFER IS TO BE MADE: _____

AFFIDAVIT OF FINANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED.

The undersigned, a duly authorized official of the _____
Financial Institution

at _____, _____ , _____
Street City State

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that this institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

_____ _____ _____
Signature of Officer of Institution Title Date

_____
Print Name of Officer

a. NAME OR NUMBER OF ACCOUNT TO BE TRANSFERRED: _____

b. TYPE OF FUND: ☐ CARE FUND ☐ PRENEED TRUST FUND

c. AMOUNT IN ACCOUNT WHICH WILL BE TRANSFERRED: _____

d. MANNER OR INSTRUMENT BY WHICH THE TRANSFER IS TO BE MADE: _____

AFFIDAVIT OF FINANCIAL INSTITUTION FROM WHICH ACCOUNT WILL BE TRANSFERRED.

The undersigned, a duly authorized official of the _____
Financial Institution

at _____, _____ , _____
Street City State

on behalf of this institution, does swear and affirm that the information provided in 4a. through 4d. above is correct and that this institution is prepared to release the above-described account upon the approval of the Department of Safety and Professional Services.

_____ _____ _____
Signature of Officer of Institution Title Date

_____
Print Name of Officer

5. **REASON** for requesting the change of trustee.

6. **ANTICIPATED DATE** the transfer is to be effectuated.

7. **STATE** any costs which will accrue to the balance of the care fund(s) or preneed trust fund(s) listed in #4 above, upon the change of trustee, and the nature and anticipated amounts of any service charges, administrative fees or other costs which will be imposed against the care fund(s) or preneed fund(s) by the proposed trustee.

8. **AFFIDAVIT OF FINANCIAL INSTITUTION TO WHICH ACCOUNT(S) WILL BE TRANSFERRED.**

The undersigned, a duly authorized official of the _____
Financial Institution

at _____ , _____ , _____
Street City State

on behalf of this institution, does swear and affirm that this institution is authorized to act as a financial institution, and is in good standing, in the state of Wisconsin, that the information provided in 4a. through 4d. above is, to my knowledge and belief, correct and that this institution is prepared to accept the transfer of the above-described account(s) upon the approval of the Department of Safety and Professional Services.

_____ _____ _____
Signature of Officer of Institution Title Date

_____
Print Name of Officer

9. CERTIFICATION OF CEMETERY AUTHORITY

NOTE: ***Authorized Representative of Cemetery Authority must sign in the presence of a Notary Public.***

I hereby swear and affirm that the information reported on this form is, to the best of my knowledge and belief, true and correct. I further affirm that the rights and interests of the beneficiaries of the fund(s) listed in #4 above will be adequately protected subsequent to this change of trustee.

_____	_____	_____
Signature of Authorized Representative of Cemetery Authority	Title	Date

_____

Print Name of Representative Signing Above

Subscribed and sworn before me this _____ day of _____, _____ .

_____	_____
Signature of Notary Public (Seal)	Date Commission Expires